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Lavelle et al.

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(54) **BUTTON RELEASE HANDLE**

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(51) **Int. Cl.**

(57) **ABSTRACT**

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A handle for receiving an elongate medical device is provided. The handle includes a housing defining an elongate hollow interior portion, the hollow portion defining a first portion proximate the distal end and the aperture, a second portion. A core is slidably disposed within the interior portion and includes a ramp portion extending from an outer surface of the core at an oblique angle to the longitudinal axis, and two or more arms extending outwardly from a proximal end of the core and biased toward an extended configuration where a proximal end of each arm extends radially outside of an outer surface of the core, wherein the two or more arms combine to define the proximal opening. A button is movably disposed within the aperture substantially blocking communication with the hollow portion through the aperture, comprising an inclined surface that slidably engages the ramp surface.

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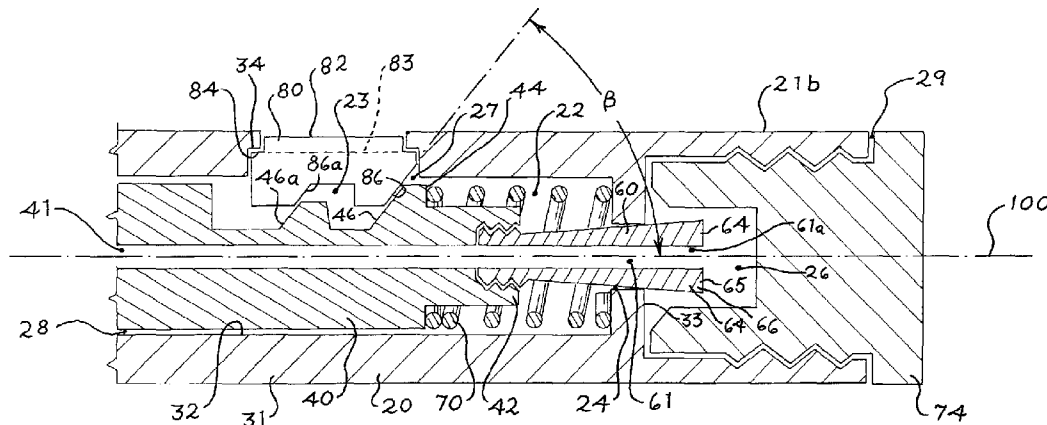
USPC **606/159**; 81/489

(58) **Field of Classification Search**

CPC A61B 17/56; A61M 39/00
USPC 81/489; 606/1, 79, 80, 159, 180; 16/110.1, 111.1; 403/321; 408/231–233

See application file for complete search history.

15 Claims, 6 Drawing Sheets



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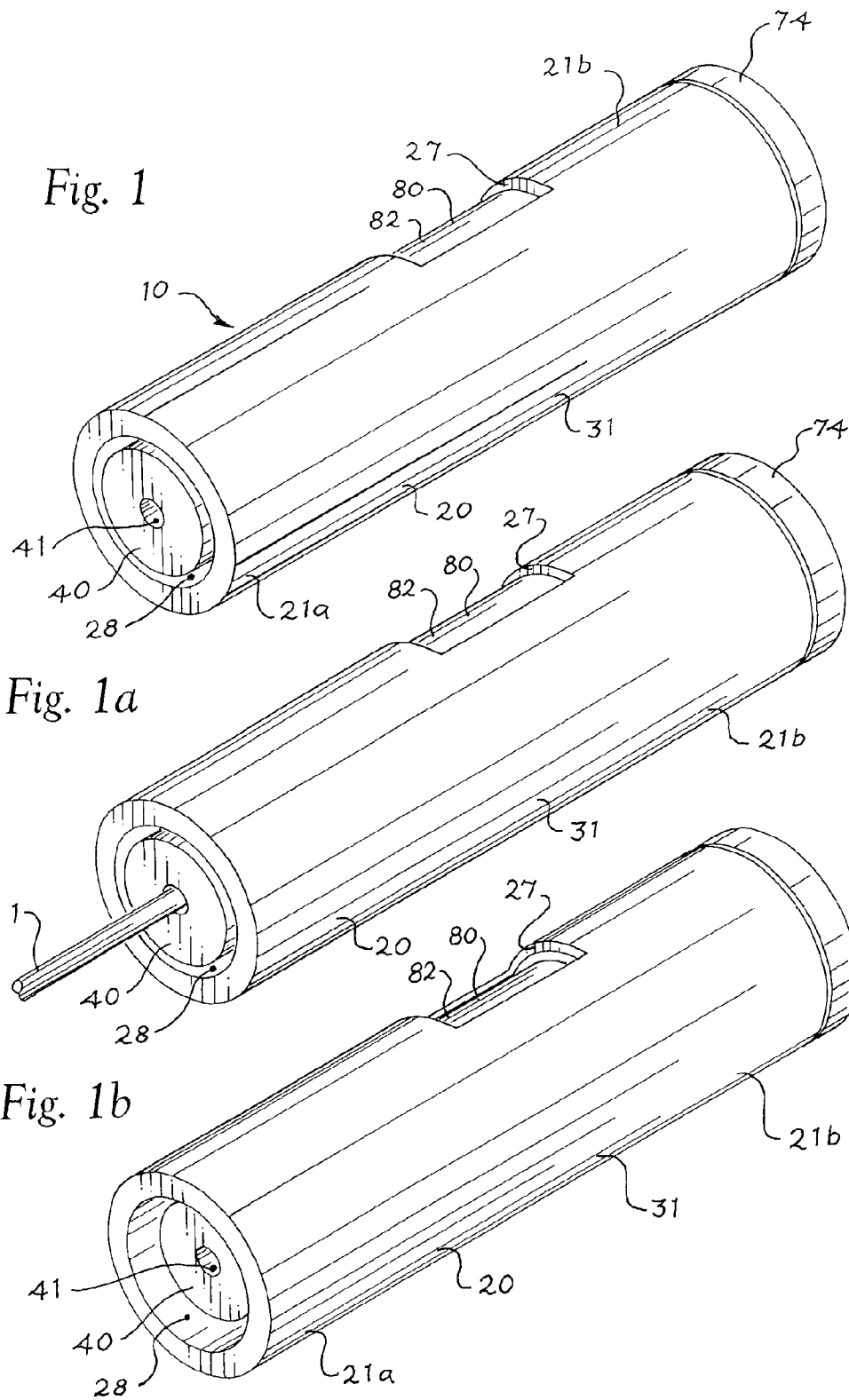
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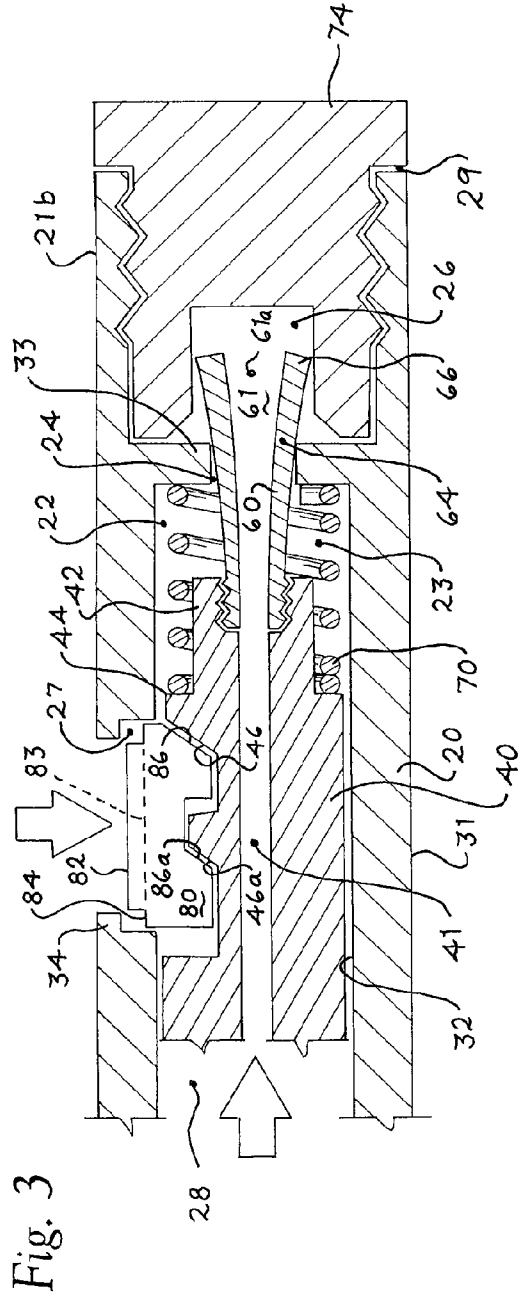
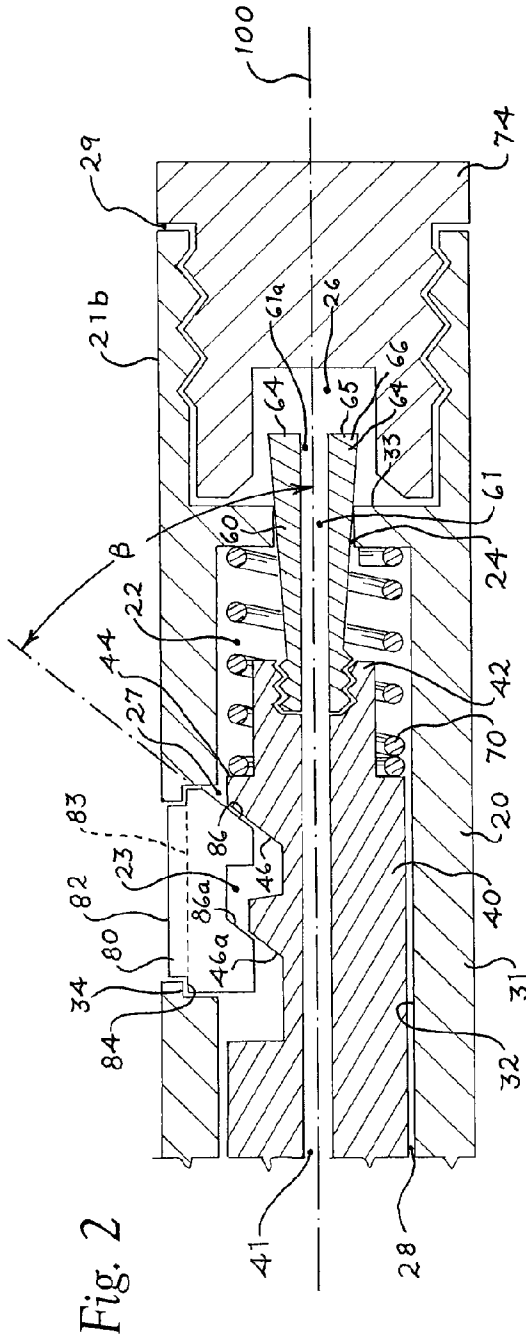
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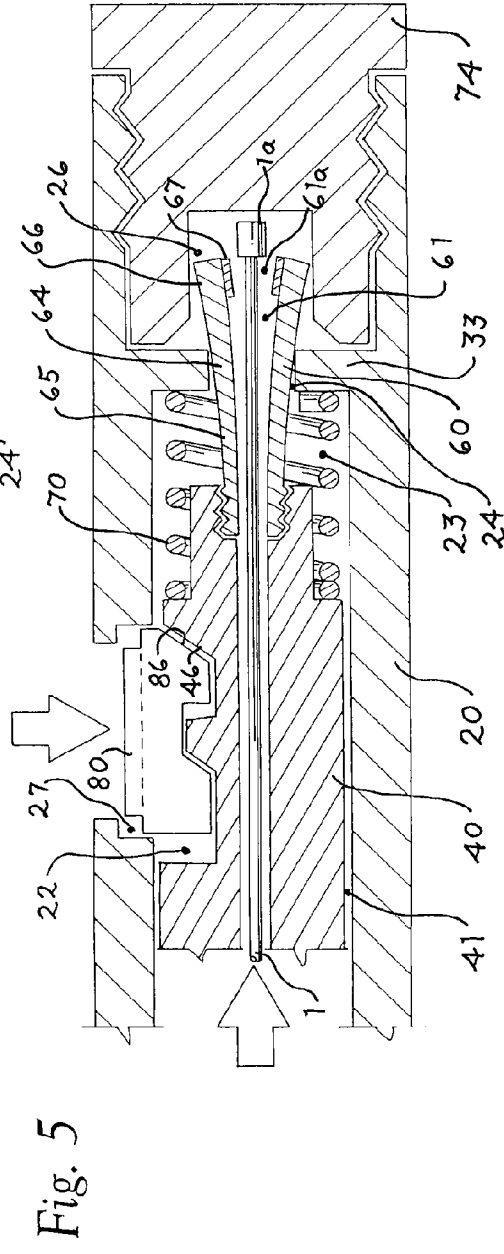
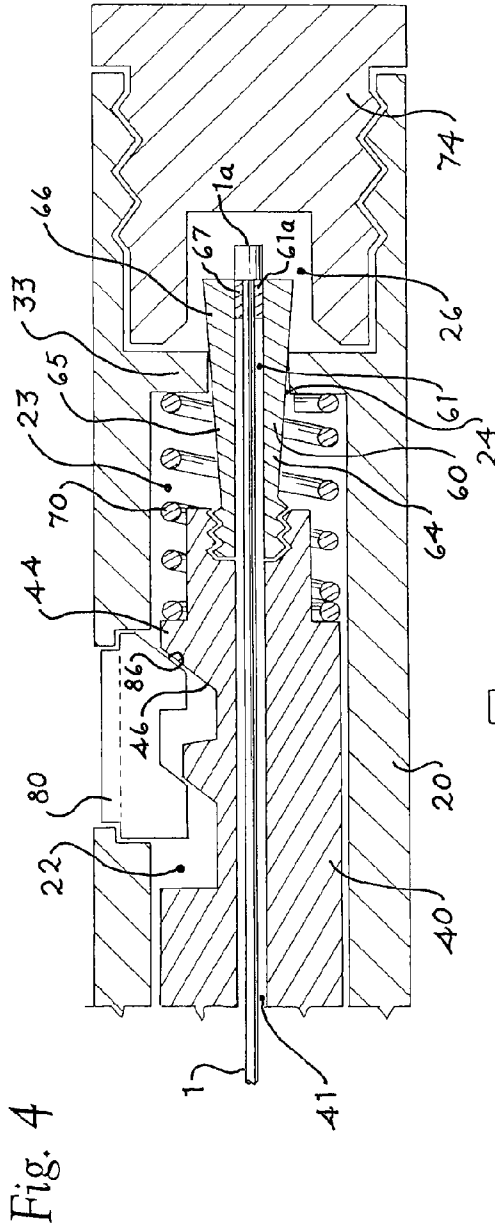


Fig. 6

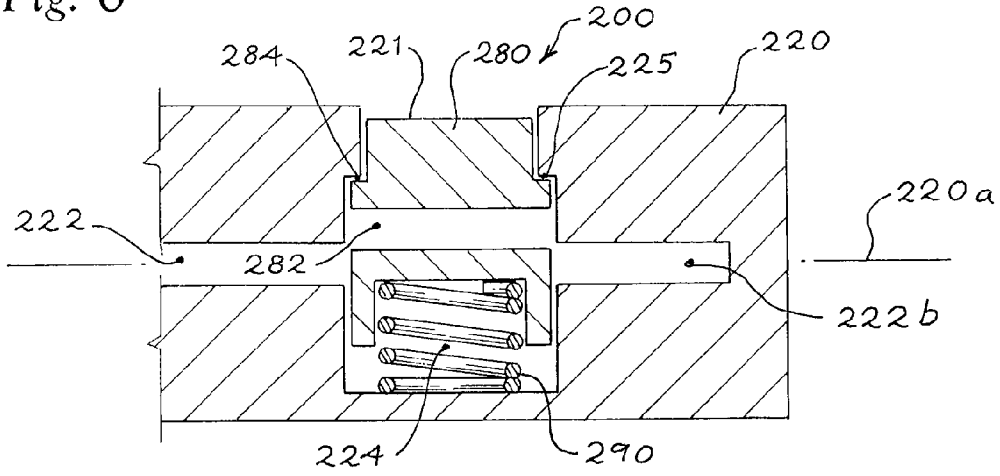


Fig. 7

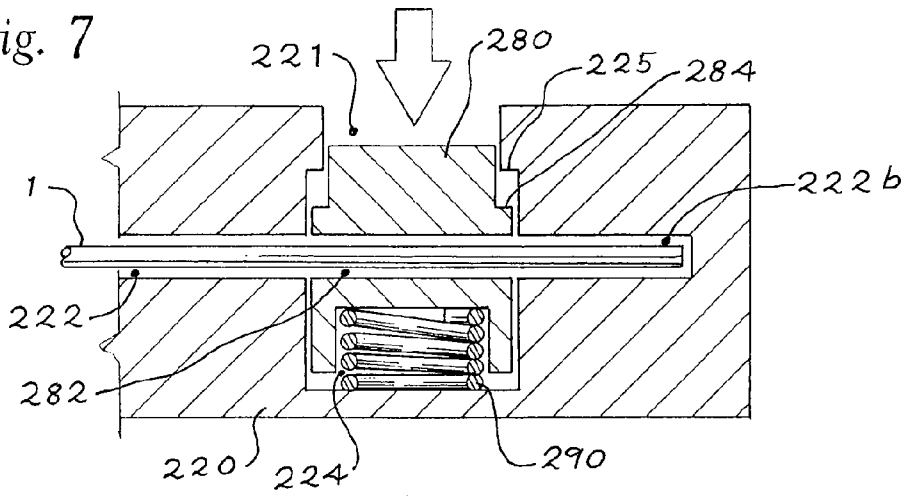


Fig. 8

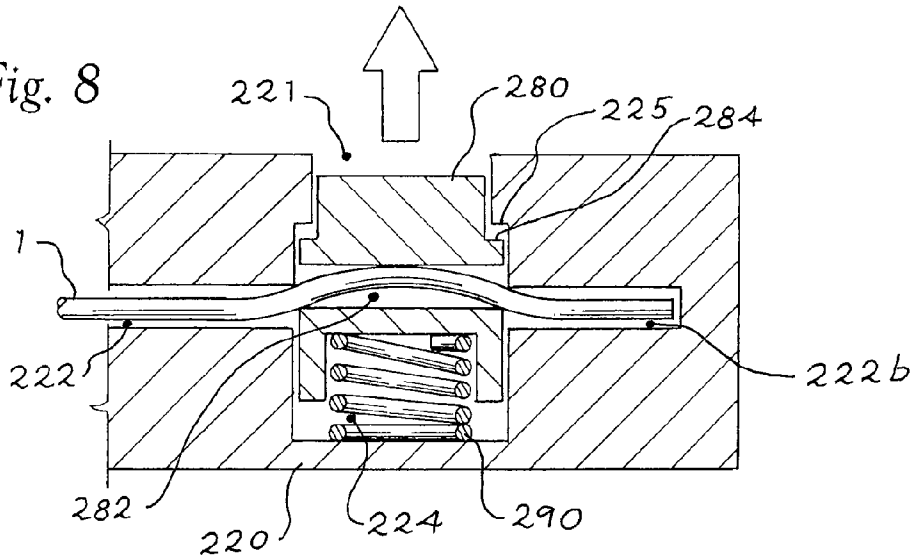


Fig. 9

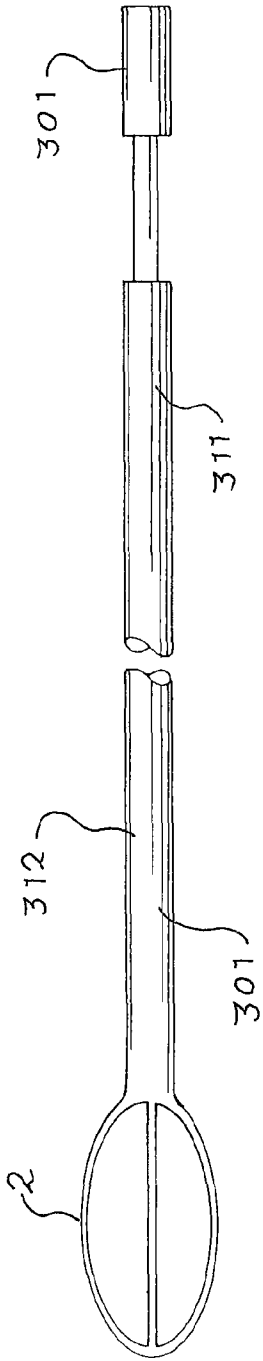
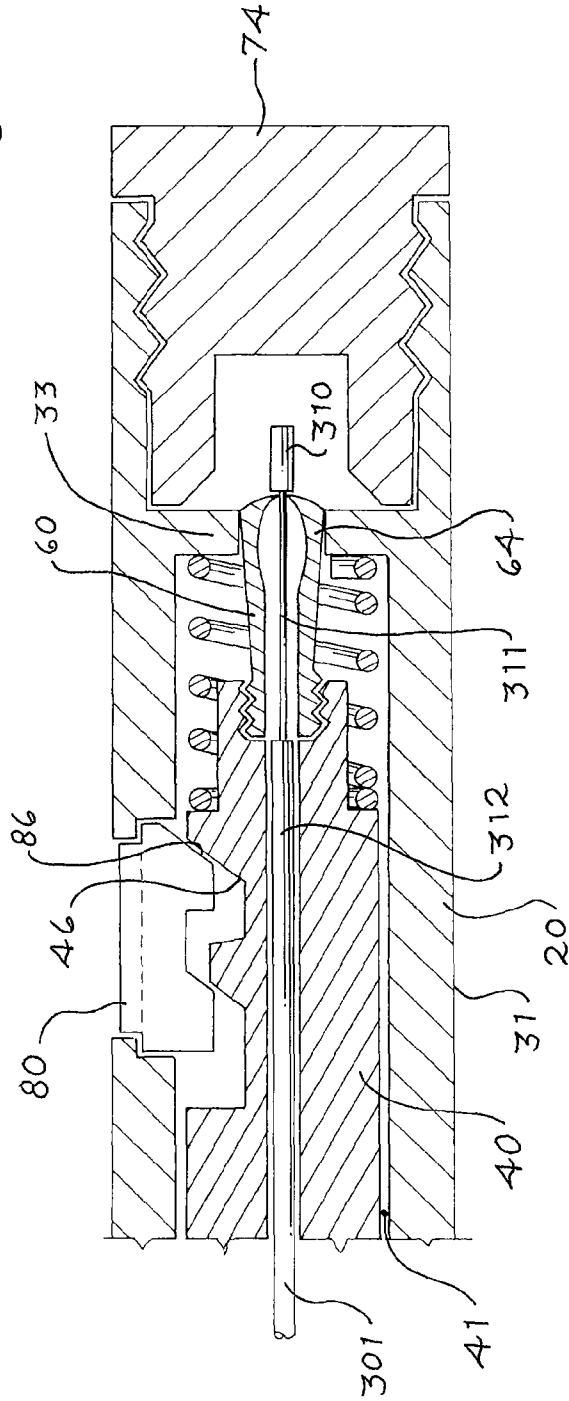
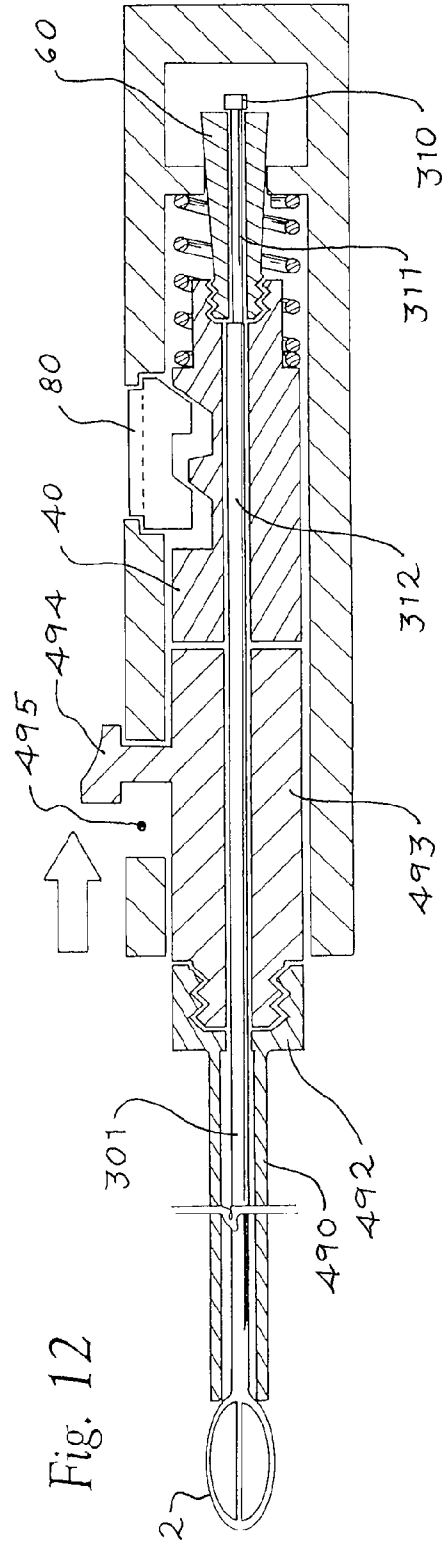
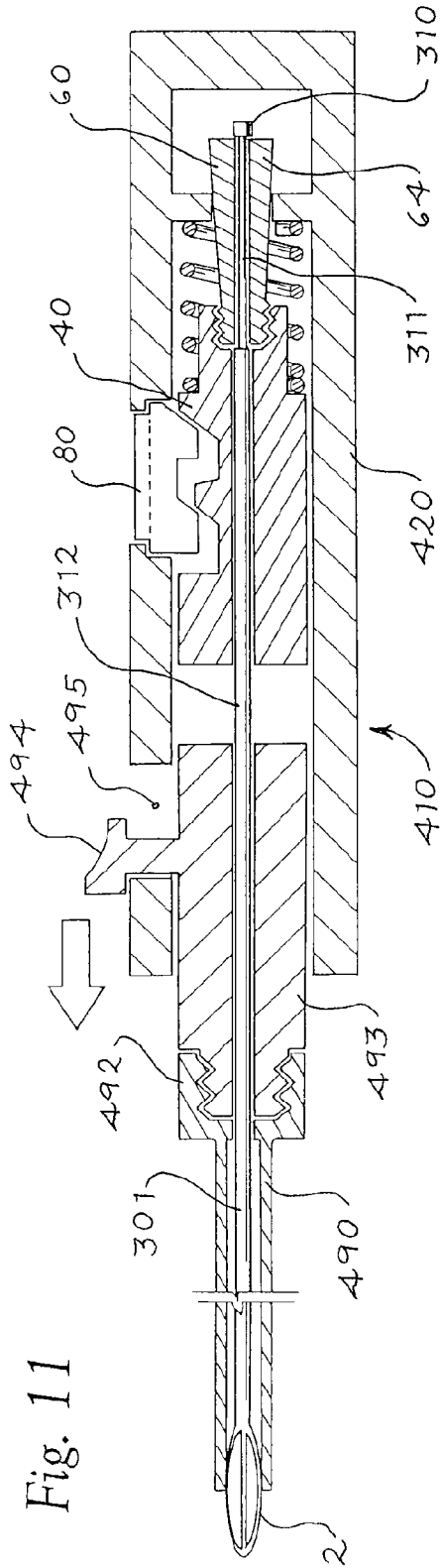


Fig. 10





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BUTTON RELEASE HANDLECROSS-REFERENCE TO RELATED
APPLICATIONS

This application claims priority from U.S. Provisional Application Ser. No. 61/497,358, filed on Jun. 15, 2011, the entirety of which is hereby incorporated by reference herein.

TECHNICAL FIELD

The field of the disclosure is that of medical and surgical instruments, and in particular, medical and surgical instruments intended primarily for minimally-invasive procedures. These instruments typically have a small diameter for entering body spaces or orifices of limited size and often are sold with or are usable with handles to assist with the manipulation of the device.

BRIEF SUMMARY

A first representative embodiment of the disclosure is provided. The embodiment includes a handle for receiving an elongate medical device, such as a basket, a snare, forceps and the like. The handle includes a housing defining an elongate hollow interior portion that allows communication through an open distal end and through an aperture disposed upon a side surface of the housing. The hollow portion defines a first portion proximate the distal end and the aperture, a second portion that is disposed proximally of the first portion with an inner diameter less than an inner diameter of the first portion, and a third portion that is disposed proximally of the second portion with an inner diameter larger than the inner diameter of the second portion. A core is slidably disposed within the interior portion and includes a central lumen disposed there-through along a longitudinal axis between a distal opening and a proximal opening. The core includes a ramp portion extending from an outer surface of the core at an oblique angle to the longitudinal axis, and two or more arms extending outwardly from a proximal end of the core and biased toward an extended configuration where a proximal end of each arm extends radially outside of an outer surface of the core. The two or more arms combine to define the proximal opening. A button is movably disposed within the aperture and substantially blocks communication with the hollow portion through the aperture. The button includes an inclined surface that slidably engages the ramp surface, wherein engagement of the ramp and inclined surfaces establishes a normal position of the core within the housing, such that the arms are aligned with the second portion of the hollow portion to urge the arms inwardly away from their extended configuration and minimize the size of the proximal opening.

Yet another representative embodiment of the disclosure is provided. The embodiment includes a handle for removably receiving an elongate medical device, such as a basket, a snare, forceps and the like. The handle includes an elongate rigid housing enclosing a central hollow portion disposed along at least a substantial portion of the housing and an aperture disposed upon a side surface of the housing communicating with the hollow portion. The hollow portion maintains a first inner diameter for a majority of a length of the hollow portion. The hollow portion additionally includes a thin smaller inner diameter portion at a proximal portion of the hollow portion. A slidable core is disposed within the hollow portion of the housing, and includes an elongate core lumen disposed therethrough. The core lumen is sized to receive a shaft of an elongate medical device; the core further

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includes a ramp surface disposed thereon. A collet is disposed within the hollow portion and movable with movement of the core within the housing. The collet comprises a collet lumen in registration with the core lumen, and two or more arms attached to a proximal end of the collet at a first portion thereon and each with a second portion that is biased radially outward outside of an outer surface of the collet. The slidable core and the collet are each biased distally such that the second portion of each arm contacts the smaller diameter portion to urge each arm radially inward from its biased configuration toward a restrained configuration.

Yet still another representative embodiment of the disclosure is provided. The embodiment includes a handle for removably receiving an elongate medical device, such as a basket, a snare, forceps and the like. The handle includes a housing that is configured to receive the proximal portion of the elongate medical device within a lumen provided along the longitudinal axis of the housing. The housing includes a void that extends from a side surface of the housing and into the lumen. The void receives a button therethrough that is movably mounted within the housing and operable by a user holding the handle. The button includes a button lumen that is normally at least partially offset from the housing lumen, but may be placed in coaxial registration with the housing lumen by depressing the button toward the lumen of the housing. When an elongate member of a medical device is threaded through the lumen and the button lumen, the elongate member becomes engaged at the distal and proximal ends of the button lumen with the housing to prevent relative movement of the elongate member within the housing lumen due to frictional forces. When the button is fully depressed, the button is in registration with the housing lumen and the elongate member may be easily removed from (or manipulated within) the button lumen and therefore the housing.

Yet another representative embodiment of the disclosure is provided. The embodiment includes a handle for removably receiving an elongate medical device, such as a basket, a snare, forceps and the like. The handle includes an elongate rigid housing enclosing a central hollow portion disposed along at least a substantial portion of the housing and an aperture disposed upon a side surface of the housing communicating with the hollow portion. The hollow portion maintains a first inner diameter for a majority of a length of the hollow portion. The hollow portion additionally includes a thin smaller inner diameter portion at a proximal portion of the hollow portion. A slidable core is disposed within the hollow portion of the housing, and includes an elongate core lumen disposed therethrough. The core lumen is sized to receive a shaft of an elongate medical device; the core further includes a ramp surface disposed thereon. A collet is disposed within the hollow portion and movable with movement of the core within the housing. The collet includes two or more arms that contribute to a rear opening into the collet lumen, wherein the motion of the arms radially outward increases a diameter of the rear opening. The core lumen and the collet lumen are configured to slidably receive the shaft of an elongate medical device, such that a proximal end of the shaft extends through the rear opening. An elongate portion of a medical device is provided as a kit with the handle, the elongate portion comprises a proximal tip and a transition portion connected distally of the proximal tip and formed with a smaller diameter than a diameter of the proximal tip, wherein the transition portion is configured to be received within the collet lumen, and the proximal tip extends through the rear opening.

Advantages of the present disclosure will become more apparent to those skilled in the art from the following description of the preferred embodiments of the disclosure that have

been shown and described by way of illustration. As will be realized, the disclosed subject matter is capable of other and different embodiments, and its details are capable of modification in various respects. Accordingly, the drawings and description are to be regarded as illustrative in nature and not as restrictive.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a perspective view of a representative handle of the disclosure.

FIG. 1a is the view of FIG. 1 with a medical device received within the handle.

FIG. 1b is the view of FIG. 1 with the button depressed.

FIG. 2 is a cross-sectional view of the handle of FIG. 1 showing the handle in the normal configuration.

FIG. 3 is the view of FIG. 2 showing the button depressed.

FIG. 4 is the view of FIG. 2 showing a medical device received within the handle with the handle in the normal configuration.

FIG. 5 is the view of FIG. 3 showing a medical device inserted within the handle with the button depressed.

FIG. 6 is a cross-sectional view of an alternate embodiment of a handle showing the handle in a normal configuration without receipt of an elongate device therewithin.

FIG. 7 is the view of FIG. 6 with the button fully depressed receiving an elongate device therewithin.

FIG. 8 is the view of FIG. 7 with the button released to retain the elongate device therewithin.

FIG. 9 is a side view of an alternate elongate portion of a medical device.

FIG. 10 is a cross-sectional view of the FIG. 2 showing receipt and engagement with the elongate portion depicted in FIG. 9.

FIG. 11 is a cross-sectional view of an alternate handle that is configured to further manipulate a medical device, showing the medical device in a closed configuration.

FIG. 12 is the handle of FIG. 11 showing the device in an open configuration.

DETAILED DESCRIPTION

Turning now to FIGS. 1-5, a handle 10 is provided that is configured to releasably receive a proximal portion 1 of an elongate medical device, such as a basket, a snare, or the like. The handle 10 includes a housing 20 and a core 40 slidably disposed within an internal, hollow portion 23 of the housing 20. The hollow portion 23 may extend from an open distal end 21a of the housing 20 to an open proximal end 21b of the housing 20, while in other embodiments, the hollow portion 23 may extend from an open distal end 21a to a closed proximal end. In embodiments with an open proximal end 21b, the proximal end 21b may be ultimately closed with a cap 74 that is removably mounted to the proximal end of the housing 20, with a threaded connection, a snap fit or press fit connection, or by another attachment structure known in the art. In still other embodiments, the distal end of the housing 20 may be substantially closed, with only a central opening configured to receive the proximal end 1 of a medical device therethrough. As shown in FIG. 1, in embodiments with an open distal end 21a of the housing 20, the proximal end 1 of a medical device may be threaded directly into a lumen 41 of the core 40, which extends along the entire length of the core 40, and in some embodiments along the longitudinal axis 100 (FIG. 2) of the core 40 (which may or may not be co-linear with the longitudinal axis of the housing 20, or the handle 10).

As best shown with combined reference to FIGS. 2 and 3, the core 40 is slidable longitudinally within the housing 20 as

urged by movement of a button 80 that extends through an aperture 27 in the housing 20 and is operable by a user that is holding the housing 20 with a single hand, and in some embodiments, is operable by simply pressing the thumb of the user's hand on the button 80 to compress it further into the aperture 27. As will be discussed in additional detail below, depressing the button 80 urges the core 40 proximally within the hollow portion 23 of the housing 20 to a removal configuration (FIG. 3), and releasing the depressed button 80 causes the core 40 to return to its normal position (FIG. 2).

The housing 20 is an elongate, substantially rigid member that may be configured to be held and manipulated with a single hand of a user and is configured to allow the user to insert and remove a proximal elongate portion 1 of a flexible medical device therein. The housing 20 may be a single molded piece, or may be assembled from two or more clamshell halves that are fixed together after the housing 20 is assembled. The housing 20 has an outer surface 31 that may be ergonomically and geometrically adapted for the comfortable receipt and manipulation by the user's hand. In some embodiments, the housing 20 may be formed with a smooth or rough outer surface 31, may have a plurality of projections for comfortable receipt of a user's fingers, or other design features known in the art. The housing 20 may be made from a rigid plastic material, such as ABS or may be made from a metal, or may be made from a composite material. One of ordinary skill in the art will appreciate that while a plurality of materials are available for use in the housing 20 (as well as the other components of the handle 10, discussed below), material selection will be based upon various factors such as cost, weight, strength, availability, manufacturability and the like.

The housing 20 is configured to define an inner hollow portion 23, which is an open internal volume within an inner surface 32 of the housing 20. The hollow portion 23 includes a distal, first portion 22 that extends from an open distal end 21a (in embodiments including this structure) or at least a distal portion of the housing 20 and extends along a majority of the length of the housing 20. The first portion 22 is defined at a first inner diameter and is in communication with an aperture 27 defined through a portion of the side wall of the housing 20. In some embodiments, the aperture 27 may be of a constant shape and size through the thickness of the side wall of the housing 20, while in other embodiments the aperture may have a first cross-section at the outer surface 31 of the housing 20 and form a larger cross section inwardly from the outer surface 31 of the housing 20. The area of the housing side wall distinguishing the larger and smaller cross-section of the housing is defined as the step 34 (FIG. 2).

The hollow portion 23 includes a second portion 24 proximal of the first portion 22, which has a smaller inner diameter than the inner diameter of the first portion 22. The second portion 24 may be defined from a wall 33 that extends radially inward into the hollow portion 23 from the inner surface 32 of the housing 20 along the entire inner circumference of the hollow portion 23, the majority of the inner circumference, or at predetermined positions within the inner circumference, to substantially reduce the inner diameter of the hollow portion 23. As discussed below in additional detail, the wall 33 of the housing 20, and the second portion 24 of the hollow portion 23 defined therefrom, is configured to urge the arms 64 of a collet 60 (in conjunction with the core 40) together to minimize the size of the rear opening 61a into the collet lumen 61. As discussed below, in some embodiments, the collet 60 and core 40 may be formed as a monolithic piece, such that the arms 64 are a part of the core 40, although operation of the device with a monolithic core 40 and collet 60 is substantially the same as the embodiment where the core 40 and collet 60

are different elements joined together. For the sake of brevity, embodiments with separate collet **60** and core **40** fixed together will be discussed, but one of ordinary skill in the art will understand that the structure disclosed herein can be freely substituted with a monolithic core **40** and collet **60**.

The hollow portion **23** may further include a third portion **26** proximal of the second portion **24**, which has a larger inner diameter than the inner diameter of the second portion **24**. In some embodiments, the inner diameter of the third portion **26** may be substantially the same as the inner diameter of the first portion **22**, while in other embodiments, the inner diameter of the third portion **26** may be different. The third portion **26** of the hollow portion **23** is configured to allow space for the second ends **66** of each of the plurality of arms **64** of the collet **60** to extend radially away from each other and radially away from the outer surface of the collet **60**, with the radial outward motion of the second ends **66** of the arms **64** increasing the size of the proximal opening **61a** into the collet lumen **61**. As mentioned above, the housing **20** may include a proximal opening **29**, which is normally closed by a cap **74** that is fixably retained upon the housing **20** to close the proximal opening, but is removable to allow for assembly of the handle **10**. The cap **74** may be friction fit within the housing, threaded upon the housing, or in some embodiments where the housing is a single molded piece (or formed from two clamshell halves), the cap **74** may be formed integrally with the remainder of the housing **20**.

The core **40** is an elongate member that is slidably received within the hollow portion **23** of the housing **20**. The core **40** has a lumen **41** that extends therethrough, which may extend collinearly with the longitudinal axis **100** through the core **40**, while in other embodiments, the core lumen **41** extends in an offset manner from the longitudinal axis. In some embodiments, the core lumen **41** extends through the core **40** in parallel to the direction of sliding motion of the core **40** through the hollow portion **23**. The core lumen **41** is configured to receive the proximal end **1** of an elongate medical device therethrough and is either accessible to the user through the open distal end **28** of the housing **20**, or through a hole in the distal end **21a** of the housing **20** and in registration with the core lumen **41**. The core lumen **41** is configured to receive the proximal portion **1** of a medical device there-through, to allow free, limited friction, sliding of the proximal portion **1** therealong, including an enlarged proximal tip **1a** (FIGS. 4-5) that may be present upon the elongate medical device.

The core **40** may include an upstanding surface **44** at or near the proximal end of the core **40**, that is configured to engage one end of a spring **70**, such as a compression spring, that may be disposed within the hollow portion **23** and between the upstanding surface **44** and the wall **33** of the housing **20**. In some embodiments, the spring **70** may be installed in a compressed manner (with the handle **10** in the normal configuration) such that the core **40** constantly feels a force urging the core **40** distally within the hollow portion **23**. The core **40** includes one or more ramp surfaces **46** (**46a**) that extend from the core **40** at an oblique angle β with respect to the longitudinal axis **100** of the core **40**. The one or more ramp surfaces **46** (**46a**) are configured to make sliding contact with inclined surfaces **86** (**86a**) of the button **80** as discussed below. In some embodiments, a portion of the core **40** defining a ramp surface **46** (or **46a** when provided) may also define the upstanding member **44**. The spring **70** biases the core **40** in the distal direction to urge continuous contact between the ramp surface(s) **46** (**46a**) of the core **40** and the inclined surface(s) **86** (**86a**) of the button **80**. The contact between the ramp and inclined surfaces **46**, **86** establishes the avenue for

transfer of force from the button **80** to the core **40** (and ultimately to the arms **64** of the collet **60**), but also prevents further distal motion of the core **40** within the hollow portion **23**, which allows for embodiments of the handle **10** with an open front portion on the housing **20** without the core **40** sliding distally out of the housing **20**.

The button **80** is a member that is received within the aperture **27** in the side surface of the housing **20** and is configured to engage the core **40**, as discussed above. Specifically, the button **80** includes one or more inclined surfaces **86** (**86a**) that extend radially into the hollow portion **23** of the housing **20** to engage the opposed ramp surfaces **46** (**46a**) of the core **40**. In some embodiments, the inclined surface(s) may be disposed at substantially the same angle β with respect to the longitudinal axis **100** of the core **40**, such that the opposed ramp and inclined surfaces **46**, **86** make sliding contact with respect to each other. The angle β is configured to impart a proximally directed force upon the core **40** for moving the core **40** proximally within the hollow portion **23** of the housing **20** as the button **80** is urged into the hollow portion **23** of the housing. The angle β is determined by an optimization of at least two competing factors, i.e. the amount of available horizontal motion of the core **40** with a set vertical displacement of the button **80** (e.g. smaller angles β provide for greater horizontal displacement with respect to a set amount of vertical displacement), competing with the larger frictional forces observed with smaller angles β (due to a larger vertical component of the force vector acting as a normal force upon the surface contact). Angles around 45 degrees are believed to be suitable for this design, as well as angles within the range of about 30 degrees to about 60 degrees, inclusive thereof. Of course, the specific angle β chosen will be optimized based upon the required horizontal movement of the core **40** needed and the vertical movement of the button **80** available, and those of ordinary skill in the art will be able to choose an optimal angle β based upon the specific geometric (size, shape), and physical design of the handle **10** with reference to this specification. Similarly, in embodiments where the proximal end **1** of the medical device includes an enlarged tip **1a** (FIGS. 4-5), the proximal opening **61a** of the collet **60** needs to be large enough to allow the tip **1a** to pass when the button **80** is fully pressed, but still retain the proximal end **1** of the medical device when the handle **10** is in the normal configuration, thereby requiring a larger range of motion of the arms **64** of the collet **60** and potentially a larger range of horizontal motion of the core **40** than embodiments where the proximal end **1** of the medical device does not have an enlarged tip (**1a**).

In some embodiments, the button **80** defines a ledge **84** that surrounds all or a portion of an extended central portion of the button **80**. The ledge **84** is a cross-sectional portion of the button that includes a larger cross-sectional area than the top surface **82** of the button **80**, and may be formed along a plane **83** (FIG. 2) formed below and in parallel (or at a constant offset distance in embodiments where the top surface **82** is not planar) to the top surface **82** of the button. As best shown in FIG. 2, the ledge **84** of the button engages a step **34** formed in the housing **20** to prevent the button **80** from falling through or being removable from the aperture **27** in the housing. As can be understood, the combined geometry of the ledge **84**, the button **80**, and the step **34** define the range of upward motion of the button **80** within the housing **20**, and also, based upon engagement between the opposed ramp and inclined surfaces **46**, **86**, defines the limit of core **40** motion in the distal direction.

As shown in FIG. 2, the top surface **82** of the button **80** may be recessed below the outer surface **31** of the housing **20** to

prevent spurious and unintended motion of the button **80** (and therefore unintended release of the device from the handle **10**). Specifically, the recessed positioning of the button **80** below the outer surface **31** of the housing **20** minimizes the chance of the button **80** being engaged and depressed if the handle **10** is inadvertently dropped or mishandled.

As mentioned above, the collet **60** is disposed proximal of the core **40** and is configured to translate within the housing **20** with motion of the core **40**. In some embodiments, the collet **60** may be removably fixed to the core **40** (such as with a threaded connection as shown in FIGS. **2** and **3**, or alternatively, the collet **60** may be insert molded to the core, press fit, or fixed thereto with adhesive or fasteners), while in other embodiments, the collet **60** may be monolithically formed with the core **40**. The collet **60** includes a collet lumen **61** that extends through the collet **60** and in registry with the core lumen **41** to receive the elongate proximal end **1** of a medical device disposed therethrough. The collet lumen **61** extends to a proximal end through a rear opening **61a** that is defined by the second ends **66** of a plurality of arms **64** that extend from the collet **60**. Each of the plurality of arms **64** include a first portion fixed to the collet **60** and a second portion **66** that extend from the collet **60**. The second ends **66** of each arm **64** are biased away from the outer surface of the collet **60** and from the second ends **66** of the other arms **64**, such that the second ends **66** are urged to establish a relatively large rear opening **61a** into the collet lumen **61** when the arms **64** are free to move to a biased outward configuration (FIG. **3**), i.e. when the arms **64** are within the third portion **26** of the hollow portion **23**.

As shown in FIG. **2**, the collet arms **64** are normally maintained in a narrowed configuration within the second portion **24** of the hollow portion **23**, due to the biasing force of the spring **70** upon the core **40**. The wall **33** of the housing **20** urges the plurality of arms **64** toward the outer surface of the remainder of the collet **60** and toward each other, such that the size of the rear portion **61a** of the collet lumen **61** is minimized to retain the proximal end **1** of a medical device within the collet lumen **61**. In embodiments where the proximal tip **1a** of the medical device is enlarged, the combined second ends **66** of the arms **64** define a rear opening **61a** that is smaller than the cross-section of the proximal tip **1a** to prevent distal movement of the medical device when the handle is in the normal configuration. In these embodiments, the diameter of the remainder of the core lumen **41** and the collet lumen **61** is larger than the largest anticipated proximal tip **1a** of the medical device to allow the proximal tip **1a** to be threaded through the lumens **41**, **61**. The collet **60** and the collet arms **64** may be made from metal or plastic and contain enough elasticity to deform into a compressed state and return into an expanded state (normal bias position), without suffering permanent disfiguration.

In some embodiments, the inner surface of the second end **66** of one, some, or all of the collet arms **64** may have a retention structure **67** (FIGS. **4** and **5**) that assists with maintaining the second end **1** of a medical device inserted within the handle **10** in addition to the normal inward force imparted upon the proximal end **1** of the device from the compressed arms. For example, the inner surface may be coated with a high friction material to enlarge the frictional force felt upon the proximal end **1** of the device disposed within the collet lumen **61**. In other embodiments, the inner surface may have a thicker material to cause the plurality of arms **64** to collectively press upon the proximal end **1** of the device. Alternatively, the inner surface may include a plurality of teeth that collectively dig or bite into the proximal end of the device.

The core **40** and collet **60** are movable proximally within the hollow portion **23** of the housing when the button **80** is depressed by the user. The proximal movement of the collet **60** causes the extended second ends **66** of the plurality of arms **64** to move radially outward away from each other as they slide proximally past the wall **33** in the housing **20** and into the third portion **26** of the hollow portion **23**, due to the outward biasing force imparted upon the arms **64** during manufacture. As shown with reference to FIG. **3**, the proximal motion of the arms **64** and radially outward motion of the second ends **66** of the arms **64** causes the size of the rear opening **61a** of the collet lumen **61** to increase to a size where the proximal end **1** of the medical device is no longer engaged by the arms **64** and is freely removed from the collet lumen **61** and the handle **10** (and also allows the proximal portion **1** of the medical device to be slid between the arms and through the rear opening **61a** in the collet lumen **61** when the device is initially being loaded into the handle **10**).

Turning now to FIGS. **6-8**, another representative handle **200** configured to removably receive an elongate proximal portion **1** of a medical device is provided. The handle includes a housing **220** that defines a central lumen **222** extending from a distal surface of the housing **220** blindly along the either the entire length or a significant portion of the length of the housing **220**. The lumen **222** and the distal opening into the lumen **222** is configured to receive an elongated proximal portion **1** of a medical device, such as a basket, snare, or the like to allow for a medical professional to ergonomically hold and manipulate the device within the patient. The housing **220** and lumen **222** are configured to receive the elongate portion **1** in a back loading manner, i.e. the proximal tip of the elongate portion **1** is threaded through the opening and lumen **222** and into the desired position within the housing **220**.

The housing **220** further includes a movable button **280** that is disposed within a side opening in the housing **220** and is translatable within the housing **220** in both directions substantially perpendicular to the longitudinal axis **220a** of the housing **220**. The button **280** is received within a void **224** defined from the side opening **221** of the housing **220** and extending through the lumen **222** and to an opposite side of the housing **220** from the side opening **221**. In some embodiments, the void **224** may include a stepped portion **225** where the cross-sectional area of the void **224** that extends through the lumen **222** (and for some desired distance on the opposite side of the lumen **222** from the side opening **221**) is greater than the cross-sectional area of the side opening **221**. In embodiments where the void **224** is substantially cylindrical (to receive a similarly sized cylindrical button **280**) the radius of the portion of the void **224** crossing the lumen is larger than the radius of the concentric portion of the void **224** that defines the side hole **221**. The step change in the size of the void **224** creates a step **225** that limits the outward motion of the button **280**, in embodiments where the button **280** includes a ledge **284** that has a larger cross-sectional area than the area of the void at the side hole **221**. Accordingly, in embodiments where the housing **220** and the button **280** are constructed with this geometry, the button **280** is free to partially move within the void **224**, but prevented from leaving the handle through the side hole **221**. Additionally, in some embodiments, the height of the button **280** (and more specifically the height of the button above the ledge **284**) is smaller than the distance between the step **225** and the side hole **221**, such that the button **280** is recessed within the void **224** to minimize or avoid inadvertent operation of the button **280** when holding or manipulating the handle **200**. One or ordinary skill will appreciate upon review of this specification that the void **224** and button **280** may be formed from other

profiles, such as squares, rectangles, and the like, as well as arcuate versions of these profiles to provide an ergonomic and high strength device.

The button **280** may be biased radially (i.e. in a direction toward the side hole **221**) with a spring **290** or the like positioned within the void **224** and between a lower surface of the button **280** and an inner wall of the housing **220** within the void **224**. The spring **290** may be constructed to urge the button **280** toward the side opening **221** as limited by contact between the step **225** and the ledge **284**. The spring **290** is configured to be inwardly compressible (i.e. to allow the button to travel radially inward within the housing **220**) when the top surface of the button **280** is pressed by the user through the side hole **221**.

The button **280** further includes a button lumen **282** that extends through the width of the button **280**, which is sized to accept and allow the proximal portion of a medical device configured to be used with the handle **200** to slide there-through. The button lumen **282** is positioned upon the button **280** such that the button lumen **282** is not in registry (either complete registry or partial registry) with the lumen **222** of the housing **220** when the button **280** is in its normal position (i.e. the ledge **284** contacting the step **225** as urged by the spring **290**). The button lumen **282** is configured such that the button lumen **282** is in substantially complete (or at least sufficient) registry with the handle lumen **222** when the button **280** is fully depressed by the user, which allows the proximal portion of the medical device to be completely threaded through the housing lumen **222**, including the button lumen **282**, and in some embodiments, a proximal lumen **222b** disposed proximally in the housing **220** (i.e. the portion of the housing lumen **222** that the elongate medical device enters after being threaded through the button lumen **282**).

The button **280** and button lumen **282** are configured such that there is some play for the button **280** to move slightly toward the side opening **221** of the housing **220** when the button **280** is released (due to the biasing force of the spring **290**), such that the elongate portion **1** of the medical device exiting through the button lumen **282** (and in embodiments where the housing lumen **222** includes a proximal lumen **222b**, both sides of the button lumen **282**) is urged into contact with the upper edge of the housing lumen **222** and a portion of the upper surface of the button **280** that defines the button lumen **282**, establishing a large normal force therebetween and therefore a high frictional connection between the two. Further, engagement of the proximal portion of the medical device with the housing lumen **222**, the opposite edges of the button lumen **282**, and in some embodiments the edge of the proximal lumen **222b** increases the frictional force applied to the medical device to prevent release of the elongate medical device from the housing **220**. In some representative embodiments, the proximal-most portion of the elongate portion **1** of the medical device may be sized such that it may be threaded from the housing lumen **222** into the button lumen **282** when the button **280** is fully depressed (FIG. 7) (established sufficient registry between the two lumens), but has a larger cross-sectional area than the opening into the button lumen **282** from the proximal portion of the housing lumen **222a**, such that the proximal most portion of the elongate portion **1** cannot be pulled into the button lumen **282** (FIG. 8) until the button **280** is again fully compressed, eliminating the chance of inadvertent release of the device from the handle **200**.

The elongate portion of the medical device may be released from the housing **220** by fully pressing the button **280** against the biasing force of the spring **290**, which established at least sufficient registry between the housing lumen **222** and the button lumen **282** to minimize the frictional forces upon the

medical device to allow it to be removed from the lumens by pulling the medical device from the lumens. When the medical device is fully withdrawn from the button lumen **282**, the button **280** may be released, and the medical device may be fully withdrawn if warranted. Upon release of the button **280**, the button **280** moves radially within the void **224** (as urged by the spring **290**) until the ledge **284** of the button **280** engages the step **225** on the housing **220**.

In some embodiments, the proximal portion an alternate elongate portion **301** of the medical device may be formed with a varying cross section, as shown in FIG. 9. Specifically, the proximal portion of the elongate portion **301** may include a proximal tip **310**, a transition portion **311** just distal of the proximal tip **310**, and a distal portion **312** that is distal of the transition portion **311**. The transition portion **311** is configured to have a lower diameter along its length than both the distal portion **312** or the proximal tip **310**. In most embodiments, the distal portion **312** and the proximal tip **310** will have the same diameter as each other and of the remainder of the elongate portion **301** of the medical device, while in other embodiments when needed or warranted, the distal portion **312** and the proximal tip **310** may include different diameters (both normally larger than the diameter of the transition portion **311**).

In these embodiments, as shown in FIG. 10, the elongate portion **301** of the medical device and the housing **20** are configured such that the transition portion **311** is disposed within the collet **60** when the medical device is fully inserted into the handle **10**, with the proximal tip **310** extending from the collet **60** and into the third portion **26** of the housing **20** (or proximally of the button **280** in those embodiments). The formation of the elongate portion **301** of the medical device in this manner provides for a step change in diameter that outside of the collet **60**, which provides for additional strength to maintain the elongate portion **1** disposed within the housing in the normal configuration (i.e. the nominal configuration shown in FIG. 10), while minimizing the overall diameter of the elongate portion **1** to provide this step change. It can be appreciated that the housing **20** and alternate elongate portion **301** can be released from the housing by depressing the button **80** which translates the collet **60** and releases connection with the transition portion **311**/proximal tip **310** in the same manner as depicted in FIG. 3 for the embodiment discussed above, which allows the elongate portion **301** to be removed from the handle **10**.

Turning now to FIGS. 11 and 12, an alternate handle **410** may be provided that is fixably connected to an outer sheath **490** that is coaxially received about the portion of the elongate portion **301** (or **1**, as discussed elsewhere herein) that extends from the handle **410**. The outer sheath **490** is configured such that it may slide over all or a portion of the device **2** (such as a basket, snare, forceps, or the like) that is provided upon the distal end of the elongate portion **301** of the medical device to close the device, or minimize the diameter of the device for insertion, removal, or manipulation within the patient. The outer sheath **490** may be withdrawn proximally from the device such that the device is allowed to expand towards its normal configuration for operation within the patient.

The outer sheath **490** is fixed to a cap **492** that is movably fixed with respect to the housing **420** with a movable shaft **493** that extends into the distal portion of the housing **420**. The movable shaft **493** receives a slider **494** that extends through a slot **495** defined in the housing **420** to allow the slider **494** to move proximally and distally with respect to the housing **420**. For manufacturability purposes, the cap **492** and the slider **494** may be removably connectable to each other with a threaded connection, or the like, or they may be fixably connect-

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able, or monolithically formed together. As the slider 494 is moved distally within the slot 495, the outer sheath 490 moves distally toward the device, thereby compressing the device and covering at least a portion thereof (FIG. 11).

As the slider 494 is then urged proximally within the slot 495, the outer sheath 490 moves proximally with respect to the device, allowing the device to fully deploy to its normal biased configuration (FIG. 12). The remaining portions of the housing 420 may be constructed with structure described in the embodiments above, for example, such as with a button 80 and ramp surfaces 46, such that the collet 60 moves with respect to the elongate portion 301 to allow the elongate portion 301 to be released from the handle 10 when the button 80 is depressed.

While the preferred embodiments of the disclosure have been described, it should be understood that the disclosure is not so limited and modifications may be made without departing from the disclosure. The scope of the invention is defined by the appended claims, and all devices that come within the meaning of the claims, either literally or by equivalence, are intended to be embraced therein.

What is claimed:

1. A handle for removably receiving an elongate medical device, comprising:

an elongate rigid housing enclosing a central hollow portion disposed along at least a substantial portion of the housing and an aperture disposed upon a side surface of the housing communicating with the hollow portion, the hollow portion maintaining a first inner diameter for a majority of a length of the hollow portion, and a second smaller inner diameter portion at a proximal portion of the hollow portion;

a slidable core disposed within the hollow portion of the housing, the slidable core comprising an elongate core lumen disposed therethrough, the core lumen sized to receive a shaft of an elongate medical device, the core further comprising a ramp surface disposed thereon;

a collet disposed within the hollow portion and movable with movement of the core within the housing, the collet comprising a collet lumen in registration with the core lumen, and further comprising two or more arms attached to a proximal end of the collet at a first portion thereon and each with a second portion that is biased radially outward outside of an outer surface of the collet, wherein the slidable core and the collet are biased distally such that the second portion of each arm contacts the smaller diameter portion to urge each arm radially inward from its biased configuration toward a restrained configuration,

wherein the arms each contribute to a rear opening into the collet lumen, wherein the motion of the arms radially outward increases a diameter of the rear opening,

wherein the core lumen and the collet lumen are configured to slidably receive the shaft of an elongate medical device, such that a proximal end of the shaft extends through the rear opening, and

further comprising an elongate portion of a medical device provided as a kit with the handle, the elongate portion comprising a proximal tip, and a transition portion connected distally of the proximal tip and formed with a smaller diameter than a diameter of the proximal tip, wherein the transition portion is configured to be received within the collet lumen, and the proximal tip extends through the rear opening.

2. The handle of claim 1, further comprising a button disposed within the aperture and configured to be urged radially inward toward the core.

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3. The handle of claim 2, wherein the button has an inclined surface disposed thereon that makes surface to surface contact with the ramp surface upon the core, and wherein the incline and ramp surfaces are oriented such that radially inward motion of the button urges the core and collet in the proximal direction.

4. The handle of claim 3, wherein the contact between the inclined surface and the ramp surface limits distal motion of the core within the handle as urged by a spring disposed within the hollow portion.

5. The handle of claim 3, wherein movement of the core and collet in the proximal direction removes the alignment between the arms and the second diameter portion of the hollow portion such that the second portions of each arm are free to move radially outward from the restrained configuration.

6. The handle of claim 1, wherein the rear opening is defined such that the proximal end of the shaft is prevented from extending through the rear opening when the arms are in the restrained configuration, and the proximal end of the shaft is able to extend through the rear opening when the arms are in the biased configuration.

7. A handle for receiving an elongate medical device, comprising:

a housing defining an elongate hollow interior portion, the housing defined to allow communication with the interior portion through an open distal end and through an aperture disposed upon a side surface of the housing, the hollow portion defining a first portion proximate the distal end and the aperture, a second portion disposed proximally of the first portion with an inner diameter less than an inner diameter of the first portion, and a third portion disposed proximally of the second portion with an inner diameter larger than the inner diameter of the second portion;

a core slidably disposed within the interior portion, comprising a central lumen disposed therethrough along a longitudinal axis of the core between a distal opening and a proximal opening, a ramp portion extending from an outer surface of the core at an oblique angle to the longitudinal axis, and two or more arms extending outwardly from a proximal end of the core and biased toward an extended configuration where a proximal end of each arm extends radially outside of an outer surface of the core, wherein the two or more arms combine to define the proximal opening; and

a button movably disposed within the aperture substantially blocking communication with the hollow portion through the aperture, comprising an inclined surface that slidably engages the ramp surface, wherein engagement of the ramp and inclined surfaces establishes a normal position of the core within the housing, such that the arms are aligned with the second portion of the hollow portion to urge the arms inwardly away from their extended configuration and minimize the size of the proximal opening.

8. The handle of claim 7, wherein the button is configured such that radial inward motion thereof causes sliding contact between the incline and ramp surfaces, which urges the core proximally within the housing to position the arms within the third portion of the housing, thereby increasing the size of the proximal opening as the arms move radially outward toward their biased outward position.

9. The handle of claim 8, wherein the two or more arms are configured to engage a proximal end of the medical device disposed through the core lumen when the arms are aligned with the second portion of the housing, and the two or more

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arms disengage from the proximal end of the medical device when the arms move toward their biased outward position.

10. The handle of claim 9, wherein the proximal end of each arm includes a surface configured for contacting the proximal end of the medical device when the arms are aligned with the second portion of the hollow portion, to prevent motion of the medical device with respect to the core.

11. The handle of claim 7, further comprising an elongate portion of a medical device provided as a kit with the handle, the elongate portion comprising a proximal tip, and a transition portion connected distally of the proximal tip and formed with a diameter less than a diameter of the proximal tip, wherein the transition portion is configured to be received within the two or more arms of the core, and the proximal tip is configured to be disposed outside of the core.

12. The handle of claim 7, further comprising a spring disposed within the first portion of the hollow portion between a housing wall defining the second portion of the hollow portion and the core, wherein the spring biases the core distally as limited by contact between the inclined and ramp surfaces to align the two or more arms within the second portion of the hollow portion.

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13. The handle of claim 12, wherein the button comprises a top surface with a cross section configured to fit through the aperture, wherein a cross section of the button at a second position substantially parallel to and below the top surface is larger than the aperture to define a ledge around a projection defining the top surface, wherein the height of the top surface above the second position is less than a depth of the aperture through the housing, such that the top surface of the button is recessed below an outer surface of the housing due to engagement between the ledge and an inner surface of the housing proximate the aperture.

14. The handle of claim 13, wherein the spring biases the core distally to cause engagement between the ledge and the inner surface of the housing.

15. The handle of claim 7, wherein the button comprises two inclined surfaces defined thereon and the core comprises two ramp surfaces, wherein each of the two incline surfaces are aligned for sliding engagement with one of the opposed two ramp surfaces.

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